

Pregnancy Maintenance Initiative (PMI) 2015-2016

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Catholic Charities of Northeast Kansas

Period: 07/01/2015 - 06/30/2016

Filter(s): Catholic Charities of Northeast Kansas

Grouping A - Administration and Management

Goal: A.1 - Capacity building and accountability

Status: 0% Complete

Attachments: 501c3; Organizational Chart

Attach proof of Non-Profit Status (501(c)(3))

List staff names, positions and email addresses.: Kim Brabits, MSW, Vice President of Program Operations kbrabits@catholiccharitiesks.org Nancy Kelso, RN, Director of Integrative Health and Community Programs nkelso@catholiccharitiesks.org Donda McLaughlin, LCSW, Pregnancy Counseling and Adoption Services Coordinator dmclaughlin@catholiccharitiesks.org Adeng Mabor, Health Care Coordinator amabor@catholiccharitiesks.org

Summarize your staff management plan to include verification of staff licensure, staff orientation, performance appraisal process and professional development plan.: At the time of grant implementation CCNEK will have job descriptions complete that will clearly outline staff responsibilities and desired qualifications and credentials. The PMI program will be staffed by a .25 FTE registered nurse and a .25 FTE masters level social worker and will be under the leadership of the Vice President of Program Operations. Both the RN and the social worker have more than 2 years experience working with pregnant women. Should these positions need to be replaced they will be filled by individuals of equal experience and licensure. CCNEK has been a previous grantee of the PMI program with the Vice President of Program Operations having been a case manager for the program previously. As such, Kim Brabits will be able to provide orientation to the program for the RN and the social worker. Orientation and training of staff will be completed before the end of July 2015. Attendance at the annual training provided by KDHE will be an important part of staff development. There will be annual performance appraisals conducted for both program staff. An important part of the agency professional development plan is required training in Trauma-Informed Care, which will ensure that the PMI services are provided in a trauma-sensitive manner and that the emotional health of the staff providing PMI services will be taken care of as well.

Attach an Organizational Chart in the attachment section above

Did you attach an Organizational Chart in the attachment section?: Yes

Strategy: A.1.1 - Build internal capacity

Status: 0% Complete

Requirement: A.1.1.1 - Attend annual meeting/training provided by KDHE

Status: 0% Complete

Requirement: A.1.1.2 - Provide orientation and training of new staff

Status: 0% Complete

Requirement: A.1.1.3 - Develop a method for recruiting selecting, and training staff

Status: 0% Complete

Strategy: A.1.2 - Communicate and coordinate local work with State staff

Status: 0% Complete

Requirement: A.1.2.1 - Submit Affidavit of Expenditures and Client Demographic Summary quarterly

Status: 0% Complete

Requirement: A.1.2.2 - Submit Narrative Report mid-year (for first six months) and annually (for 12 month period)

Status: 0% Complete

Requirement: A.1.2.3 - Participate in site visits and technical assistance calls as requested by the State

Status: 0% Complete

Goal: A.2 - Program evaluation**Status:** 0% Complete**Attachments:** Client Satisfaction Survey

Summarize your program evaluation methods to include how you will expand services to meet community needs.: Catholic Charities of Northeast Kansas will utilize a client satisfaction survey as well as ongoing monitoring of client goals to ensure that services provided for each mother and baby are being provided as proposed. Additionally, recognizing the importance of understanding the needs of our communities, the Director of Integrative Health Services will participate in advisory groups related to healthy in Wyandotte County as well as the refugee and immigrant community, and rural health. Through her participation in these advisory groups she will gain an indepth look into the various community needs around health and an open exchange of resources for clients served.

Estimate the total number of women to be served during the grant period.: 50 women (25 post-pregnancy)

Attach a Client Satisfaction Survey in the attachment section above

Did you attach a Client Satisfaction Survey in the attachment section?: Yes

Strategy: A.2.1 - Develop a program assessment process to ensure services are provided as proposed**Status:** 0% Complete**Requirement: A.2.1.1 - Develop and use a client satisfaction survey****Status:** 0% Complete**Requirement: A.2.1.2 - Develop and maintain program policies and procedures that are based on program standards and guidelines.****Status:** 0% Complete**Strategy: A.2.2 - Create and maintain a functioning advisory group****Status:** 0% Complete**Requirement: A.2.2.1 - Composition of the advisory group will reflect the community (race, ethnicity, SES)****Status:** 0% Complete**Requirement: A.2.2.2 - Regular meetings will be held and minutes of the meeting kept****Status:** 0% Complete**Grouping B - Data and Information****Goal: B.1 - Measure program impact****Status:** 0% Complete

How will you measure effectiveness of services, interventions and referral networks?: Prior to the delivery of PMI services, the Director of Health Integration will develop a process for measuring effectiveness of the services provided that will include a client intake and needs assessment, goal planning and tracking and finally the client satisfaction survey. In addition to the PMI Needs Assessment and Life Domains Goal Planning sheets, Catholic Charities will complete a more in-depth needs assessment called the Arizona Self-Sufficiency Matrix to evaluate the woman's well-being on domains including housing, income, employment and health care. Assessment dialogue reveals outside supports that individuals could leverage to improve their circumstances independent of agency support. Based on these results, numerical ranges can be applied to individual clients, helping the case manager target services to meet client needs and move them along the continuum of self-sufficiency.

The delivery of all PMI services will be tracked in a community-wide service database, MAACLink, for each mother and baby, which also help to track services provided by other programs in the community to better target client need.

How will you ensure services provided are those needed by clients?: From the intake and needs assessment and the goal planning as well as the use of the Arizona Self-Sufficiency Matrix, the Director of Health Integration as well as any other case manager that the woman works with will rely on he woman to lead the direction for the goal plans. Catholic Charities case management model is based on client self-determination of needs and goals.

Strategy: B.1.1 - Develop an evaluation tool to measure program effectiveness

Start Date: 07/01/2015

End Date: 06/30/2016

Status: 0% Complete

Requirement: B.1.1.1 - Gather and use data to plan and evaluate interventions and referral networks

Status: 0% Complete

Requirement: B.1.1.2 - Gather and use data to assess program impact

Status: 0% Complete

Grouping D - Interventions to Improve Public Health

Goal: D.1 - Provide services to enable pregnant women to carry their pregnancies to term

Status: 0% Complete

Describe services to be provided to pregnant women that will enable them to carry their pregnancies to term.: The goal of the PMI services is to ensure access to an adequate level of quality pregnancy service by disadvantaged pregnant women that are primarily initially encountered through Catholic Charities' emergency assistance programming throughout the 21 counties of northeast Kansas and through the refugee and immigration program in Wyandotte County. To achieve this goal:

1. All PMI service procedures and protocols will be developed and written that will ensure adequate service delivery prior to services beginning.
2. No individual will be denied services due to inability to pay;
3. Each woman will be referred for PMI services and will be seen by the Director of Health Integration, who is the RN that will serve as the case manager, and will receive an individual initial assessment, including goal setting and then ongoing help in attaining those goals;
4. The case manager will work to ensure that each pregnant woman will receive the necessary support to help carry pregnancies to term, resulting in positive outcomes for both child and mother that can be provided by other Catholic Charities' programming or through referrals to community partners. These supports may include nutrition education, rent and utility assistance, financial literacy education, access to food pantry, diabetes screens, blood pressure checks, doctors appointments and assistance with medical bills;
5. Women who experience stillbirth will receive necessary support to cope with loss;
6. At all levels of service, the case manager will provide referrals to an array of community resources, including other Catholic Charities' services, as appropriate to facilitate healthy lifestyles for mothers and babies;
7. Catholic Charities will provide follow-up case management services for women and newborns for 6 months post-delivery based on individual needs and attainment of set goals; and
8. Catholic Charities will obtain written client feedback regarding service delivery to be used in assessing quality service delivery.

Describe the adoption services and pregnancy education to be provided as part of the program.: Catholic Charities' Pregnancy Counseling and Adoption Coordinator, who works as part of the Integrative Health Program of Catholic Charities will work together with the Director of Health Integration by providing the adoption services education for each woman receiving PMI services. Together they will work to determine which women are good candidates for adoption and will provide the necessary education, resources and referrals. This staff member will also work collaboratively with the Crisis Pregnancy Center in Wyandotte County in delivering adoption education assistance for their PMI services.

Each woman seen will receive information outlining adoption as a formidable option to their pregnancy. Additionally, the Health Care Coordinator and any other case managers working with pregnant women through the emergency assistance centers or refugee program will receive adoption education training from the Pregnancy Counseling and Adoption Coordinator on staff.

Estimate number of pregnant women to be served in grant period.: 50

Strategy: D.1.1 - Assure that no individuals unable to pay will be denied pregnancy maintenance services

Status: 0% Complete

Requirement: D.1.1.1 - Have on file written protocols that clearly outline how the local pregnancy maintenance services are to be implemented

Status: 0% Complete

Strategy: D.1.2 - Adoption services and pregnancy education will be part of the program

Status: 0% Complete

Requirement: D.1.2.1 - Case managers to attend adoption training class

Status: 0% Complete

Requirement: D.1.2.2 - Provide plan for providing adoption as an option

Status: 0% Complete

Requirement: D.1.2.3 - Provide adequate resources and referrals

Status: 0% Complete

Goal: D.2 - The program shall not perform, promote or refer for education in favor of abortion.

Status: 0% Complete

Can you provide assurances that the program will not perform, promote or refer for education in favor of abortion?: Yes

Select all counties to be served below

County: Allen

; Atchison; Brown; Coffey; Doniphan; Douglas; Franklin; Jackson; Johnson; Leavenworth; Linn; Lyon; Marshall; Miami; Nemaha; Osage; Pottawatomie; Shawnee; Wabaunsee; Wyandotte

Strategy: D.2.1 - Provide assurances

Status: 0% Complete

Grouping E - Communications and Promotions

Goal: E.1 - Increase public awareness of services and generate buy in

Status: 0% Complete

How will you promote your Pregnancy Maintenance Initiative (PMI) services to the community?: Community awareness of PMI services will be facilitated through long-standing relationships with, county health departments, area United Ways, faith communities, other community social service agencies and organizations and health care providers across each county served. Contact with these referral sources will be made within two weeks of the grant award to notify of the services that will be provided. Information will also be made available through social media and through the MAACLink system.

The targeted clients for the PMI services will primarily be pregnant women that are seeking out emergency assistance through one of the eight offices in Johnson, Wyandotte, Douglas, Shawnee, Lyon, Leavenworth, or Atchison counties or two mobile resource buses that are dispatched into the farther reaching rural communities or through the refugee and immigration program in Wyandotte County. The case managers that work within these programs will be natural referral sources for PMI services.

What are your planned outreach activities?: The Director of Health Integration Programming, the Health Care Coordinator, and the Pregnancy Counseling and Adoption Coordinator will all promote the availability of PMI services through other health related education programs and trainings that they already conduct in the communities served. For instance, the Director Integrative Health provides regular health and nutrition classes and screenings for the emergency assistance centers and refugee program. Additionally, through two mobile resource buses that are dispatched in the rural communities of northeast Kansas, the case managers can provide information about PMI services to all pregnant women that they encounter and make the referrals to the PMI services.

Strategy: E.1.1 - Promote services to community

Status: 0% Complete

Strategy: E.1.2 - Planned outreach activities

Status: 0% Complete

Strategy: E.1.3 - Target and recruit clients

Status: 0% Complete

Grouping F - Partnerships

Goal: F.1 - Collaborative partnerships with community providers**Status:** 0% Complete

Who are your key community partners and their role in providing PMI-related services?: Catholic Charities will work together with various community health agencies in delivering PMI services to women in need. Primarily, these partnerships will involve mutual referral and exchange of information to benefit the pregnant woman and baby. The primary referral partners will be Wyandotte Pregnancy Center, the health departments in each county, and Health Partnership Clinic in Johnson County. Donda McLaughlin, LCSW, Pregnancy Counseling and Adoption Services Coordinator, will collaborate services with Wyandotte Pregnancy Center by occupying space at their office as needed to better serve and offer adoption services to pregnant women in need.

It will be a focus of the Director of Integrative Health to continually seek out partnering agencies and to maintain collaborative relationships with each through the term of the grant. There will be an ongoing list of partnering referral agencies that will be maintained.

When referring for services outside the program, what are the processes for initial referrals and for follow-up after referral?: As referrals are made for services outside of Catholic Charities PMI services, the individual providing the PMI case management (most likely the Director of Integrative Health) will track the referrals that she makes in the MAAC client management system and the client file. At the beginning of PMI case management a release of information will be obtained from the client that would allow the case manager to follow-up on any medical or other services that are received outside of Catholic Charities. A large part of the information received to follow-up on a referral will be obtained directly from the client during ongoing case management and from the partnering agency themselves.

Strategy: F.1.1 - Build and maintain local partnerships**Status:** 0% Complete**Requirement: F.1.1.1 - Develop and maintain collaborative partnerships with community providers of related services****Status:** 0% Complete**Requirement: F.1.1.2 - Develop referral sources for related services****Status:** 0% Complete**Requirement: F.1.1.3 - Track referrals made and outcomes of those referrals****Status:** 0% Complete